Sexual health promotion for young people delivered by digital media

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Digital media offers inspiration for rethinking sexual health promotion. There has been an exponential increase in the use of digital media by young people in last ten years including, social networking, mobile applications (apps), video sharing, podcasts, on-line games and short messaging services (SMS or texts). (1) Hitwise US estimate that Facebook is the most visited web-site with Google following a close second. Mobile phones, in particular, have a wide reach and 95% of countries have a mobile phone network. (2) New technology, such as ‘smart-phones’, give unprecedented mobile access to the Internet. (3) New Internet based platforms offer greater opportunity for more interactive communication, possibly at the point of decision making, and of delivering interventions conveniently and anonymously to young people using personalised information. (4) These might include blog sharing sites (e.g., TUMBlr), online pin boards (e.g., Pinterest) social networking sites (e.g., Facebook and GooglePlus+) and instant communication sites (e.g., Twitter).

Digital media therefore offers the potential to deliver sexual health interventions to those who are already making use of these technologies and are confident in using them as part of their lives. (5) Many health services have responded by implementing a range of interventions based on these media, including texts (6,7) and ‘apps’ such as that developed by NHS Bristol Primary Care Trust (8).

Studies across a wide range of populations and countries, have investigated the feasibility, acceptability and effectiveness of different forms of digital media in sexual health promotion. (2, 6, 9-12) Recent findings demonstrate improvements in partner notification, access to diagnostic tests such as Chlamydia screening, appointment keeping, notification of medical investigations; and HIV prevention interventions. (3,7,10,12-16)

There are a number of challenges to our understanding of how this new technology impacts the sexual health of young people and thus shape recommendations for future research. First, we need to examine the extent to which the existing research findings apply to young people (as opposed to adults) and make explicit any differences between groups of young people e.g., based on age, sexual orientation and culture. Second, this remains a developing evidence-base which, because of rapidly changing technology, may lag behind new applications in health particularly the use of new mobile technologies (2,17) and thus there is a need to keep up to date with new evidence. Third, it is important to move beyond more traditional methods of reviewing effectiveness studies and include data from pragmatic trials. Research has found the vast majority of sexual health promotion activities on social networking sites did not reach the published literature and given the evolving nature of such interventions methodological challenges exist in using randomised control designs (4, 9).

Fourth, as indicted by Webb at al (2010) (18) in their review of Internet based health promotion, interventions which were theory based had most impact on general health outcomes. Thus, it is important to make explicit the link between theory and outcome in the existing scientific literature (19). Finally, because of the rapid change in the application of digital technology, there is the need to look beyond the existing scientific literature and assess how the producers and users envisage these technologies could change the delivery, uptake and possible impact of sexual health interventions for young people.
References